Complete Summary

GUIDELINE TITLE

Guidelines for psychiatric and psychological evaluation of injured or chronically disabled workers.

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Guidelines for psychiatric and psychological evaluation of injured or chronically disabled workers. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 10 p.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Psychiatric conditions
  - Posttraumatic stress disorder (PTSD)
  - Depression
  - Panic disorder
  - Substance abuse
- Psychiatric features that commonly contribute to chronic disability
  - Agoraphobia
  - Antisocial and dependent personality traits
  - Perception of harassment at work
  - Threatened abandonment
- Chronic pain and other disabling conditions of the injured worker.

GUIDELINE CATEGORY

Diagnosis
Evaluation

CLINICAL SPECIALTY

Psychiatry
Psychology

INTENDED USERS

Physicians
Psychologists/Non-physician Behavioral Health Clinicians

GUIDELINE OBJECTIVE(S)

To provide a set of suggestions for conducting psychiatric or psychological evaluations of injured workers with chronic pain problems

TARGET POPULATION

Injured or chronically disabled workers

INTERVENTIONS AND PRACTICES CONSIDERED

Psychiatric and psychological assessments, including the following:

1. Identification of chief complaint
2. Identification of circumstances prior to the injury
3. History of the injury
4. Medical history
5. Work history since the injury
6. Psychiatric history
7. Current activities
8. Family and personal history
9. Mental status examination
10. Specification of DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th edition) diagnosis

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developer performed literature searches of the U.S. National Library of Medicine's Medline database to identify data related to the injured worker population.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Consensus development has generally taken place between the permanent members of the subcommittee (orthopedic surgeon, physiatrist, occupational medicine physician, neurologist, neurosurgeon) and ad hoc invited physicians who are clinical experts in the topic to be addressed. One hallmark of this discussion is that, since few of the guidelines being discussed have a scientific basis, disagreement on specific points is common. Following the initial meeting on each guideline, subsequent meetings are only attended by permanent members unless information gathering from invited physicians is not complete.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Following input from community-based practicing physicians, the guideline was further refined.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary. The recommendations that follow are based on the previous version of the guideline.

Guidelines for Psychiatric and Psychological Evaluation of Injured or Chronically Disabled Workers

Confidentiality

Generally, the interview is not a dyad. There are other interested parties, and it is necessary to explain that information is not confidential. Because of this public framework, it can facilitate communication if you dictate the report during the interview.

The person is then aware what other parties will hear and may feel reassured if the report is accurate and empathic. Also, allowing correction of potential errors may further a sense of control and enhance disclosure.

Introduction

Introduce yourself and explain the circumstances of the interview. Explain who will have access to the report. Personal information will be asked about, but the person can freely choose not to respond if uncomfortable with doing so. If true, it may be helpful to explain that psychiatric assessment is commonly requested when a physical injury has become chronic or when complex surgery is being considered, and the request for evaluation does not necessarily infer anything more than that.

The report should identify age, race, date and nature of injury, and any specific concerns about the evaluation.

Chief Complaint

Obtain a list of symptoms and complaints, including physical problems.

Circumstances Prior to the Injury

A traditional format might collect information regarding present illness at this point. Many use this format with good results. However, clarifying life events that precede the injury affords a broader perspective when the interview progresses to

present illness. In either case, the following points should be covered at some point in the interview.

- Employment:

  Security of employment: If recently employed, or if the nature of work is intermittent, ask the percentage of time employed over last few years, and the reason for periods of unemployment. Ask the reason for leaving earlier employment. Assess changes in the economy for the industry, for example, whether the company is still in business or whether layoffs were planned.

  Employment problems: This area is often fruitful and should be carefully examined. Determine what the supervisors were like to work for and if there was harassment or conflict with coworkers or supervisors. Determine how the person's work performance was viewed by superiors and if reprimands or complaints were filed by the person or the employer. Carefully assess for perceptions of harassment or discrimination.

  Employment plans: Ask about career plans before the injury.

- Family relationships:

  Spouse: Ask age, health, and employment status of spouse, as well as length of relationship. Is the spouse disabled? How do they get along? Were they ever separated? If this (or any important relationship) was threatened, try to determine if disability might be a conscious or unconscious tool for stabilizing the relationship.

  Children: Ask ages, health status, who is at home, and if there have been any significant problems.

  Other Family: Ask about any other family with frequent contact. It is useful to know if there has been recurrent conflict or any major losses in the family.

- Activities: Ask how leisure time is spent, hobbies, avocational interests. Ask how the injury has affected pleasurable activities.
- Interpersonal Relationships: Assess patterns of isolation versus socialization. Ask about friends, comfort in group situations, as well as comfort being alone. Is there capacity for intimacy and for communication of personal concerns?

History of the Injury

A thorough history of how the injury occurred can be informative, especially if it may have been emotionally traumatic or head injury is suspected. If the injury was traumatic, determine if posttraumatic stress disorder (PTSD) symptoms are present. A non-leading way might be to ask if much time is spent thinking about the accident and how it feels to think about it. It is also important to know if there is anger, blame, or guilt regarding circumstances of the injury.

Elicit a history of important events subsequent to the accident, including medical treatment and effects on family, work, and finances. Bankruptcy, eviction, foreclosure, or repossession can contribute to chronic disability.

Medical History

The report should include a brief history of treatment and response, with a focus on:

- Medical system: The relationship with doctors, vocational counselors, and others is an important clue to personality function and motivation. If there is a pervasive pattern of being misunderstood and persecuted you might suspect character pathology is a block to recovery. Unrealistic blame, martyrdom, and entitlement suggest a hidden desire to remain disabled.
- Results of Treatment: Determine the longitudinal course of the illness. Individuals with chronic disability usually report that no treatment has provided lasting benefit, and the illness has steadily worsened despite all treatment efforts. What you may discover in talking with individuals with chronic disability is a curious contradiction between verbal and other channels of communication. On the surface, there is a positive image of a strong desire to recover and return to work, but upon wading into this stream one becomes aware of a strong undercurrent in a different direction. This is difficult to describe, but often it appears as a discomfort with certain topics and a pattern of communicating through inference. For example, the desire for recovery is vague, lacking a specific plan beyond continuation of passive treatments. Persistence in asking about plans may lead to irritability. They often mention the opinions of others, usually health care professionals, who think they are disabled. If you ask for specific information hoping to better understand a particular symptom, you might receive instead an illustration of how severely life has been affected by the symptom. They imply inability to function unless the illness resolves. They may seem preoccupied with additional treatment, particularly surgery or other passive approaches, and demonstrate resistance to physical conditioning and work hardening. They may be critical of prior physicians who expected too high a level of functioning and seem more comfortable with doctors willing to validate disability indefinitely.

  A way to open this area of inquiry might be to ask what the person believes is the cause of the problem, and if they feel doctors have addressed the problem. Ask what they would like to see happen.

- Locus of Control: Is the person's role passive, waiting for others to restore function, or is the injury a personal setback that must be adjusted to.

Work Since the Injury

Obtain a chronological history of work since the injury, including the reason for any disruptions. How was the person welcomed upon return? Blame for the injury, demotion, or suspicions of malingering are very stressful and can contribute to chronic disability. Conversely, acceptance and patience aid recovery. Ask about employment plans. If the person does not feel able to work, determine which symptoms present a barrier. Ask if the employer is receptive, or if the person has

looked for work, and if so, the result. What level of income/status is acceptable? What does the person envision two years from now?

Psychiatric History

In addition to a general assessment of psychiatric symptoms, determine how life has been affected by the injury and how the person has adjusted to the changes. Generally, it is best to allow an unstructured recitation of events since the injury.

Common psychiatric findings are depression and panic disorder.

For depression, ask how the person's mood or spirits have been. If there is depression, what seemed to be the precipitant? Obtain a description of what it was like at the lowest point. If there is evidence for mood disorder, develop a history of any diagnostic criteria. It is important to distinguish effects of pain. For example, if there is middle insomnia, were the awakenings spontaneous (consistent with major depression) or due to pain. What did the person do upon awakening? Getting up to walk and relieve stiffness or pain suggests awakening due to pain.

Similar differential inquiries are necessary for disturbances of appetite, energy, libido, and ability to experience pleasure.

Panic disorder is common enough in the general population, but it is very common in the population described by chronic disability. When panic attacks occur in individuals who have trouble expressing emotion or who feel shame regarding emotional symptoms, the presentation is likely to be one of pain rather than anxiety. Discovering the condition, however, can be difficult.

The most sensitive screening seems to be a careful assessment of current activities, which is also useful. Avoidance of the typical problem areas for agoraphobics such as grocery stores, shopping malls, crowds, and driving raises the suspicion of agoraphobia. From there you might ask how the person feels in these situations and what happens that creates discomfort. Additionally, you may ask if there have been any spells involving dizziness or heart or breathing symptoms. If screening questions are positive, develop a full Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) history, especially for agoraphobia. If panic attacks were present, what did the person do or feel like doing when they occurred at work.

Narcotic and alcohol dependence are often found in chronic disability. It is often difficult to assess this issue without information from the medical file.

Current Activities

Ask how time is spent. Boredom, purposelessness, or severe physical limitations may lead to depression.

Secondary gain from the family should be assessed. It is useful to know how the family has responded (for example if they have been supportive or impatient). What are the responsibilities at home? Have family members become employed as

a result of the injury, or alternatively, have family members sacrificed employment or other activities to care for the person?

Past Psychiatric History

Ask about prior illness, carefully assessing for substance abuse; use of psychiatric medication; evidence of sociopathy such as arrests; and history of prior trauma such as combat that might lead to PTSD. Assess carefully for substance abuse, relying on potential clues from medical records as well as the clinical history.

Past Medical History

Determine response to any prior illnesses or injuries. Important clues may come from medical records. Determine whether there were long periods of disability. Ask about the emotional response to prior injuries.

Family History

In addition to asking about familial illnesses such as mood disorders, substance abuse, and anxiety disorders, determine whether family members have been disabled.

Personal History

The record should include a customary history of the person's life, with emphasis on factors that have bearing on chronic disability. Such factors include:

- Family structure: A childhood history of conflict, abuse, or deprivation correlates with chronic disability. Determine the number and health of siblings and whether the parents stayed together. Obtain a history of adults in the home. Ask if they have worked steadily. Ask about their health, listening carefully for history of chronic illness, agoraphobia, depression, hypochondriasis, somatization, illness of the same kind the patient experiences, or periods of disability.

  Ask about the relationship with adults, following affect carefully for cues. Helpful questions might include, "What was he [or she] like when you were a child?" "How did he relate with you?" "Did you feel loved?" It is important to determine if sexual, physical, or verbal abuse or episodes of abandonment were present. Determine if alcohol or drug abuse was present in parents. Are childhood memories contiguous? Was there acting out, which might suggest deprivation or abuse?

  If there are risk factors for abuse, ask about symptoms of PTSD such as dissociation, nightmares, and flashbacks. History of abandonment, neglect, and parental indifference are important.

- Education: Ask for education level, grade point, any special education, honors, repeating or skipping classes. Learning disabilities, attention deficit disorder, or educational failures can contribute to shame and a perception of low worth in the job market, which can fuel chronic disability. If there seems

to be a disparity between educational and occupational success, try to discover the reason.
- Marital history: Look for clues suggesting difficulty sustaining relationships or antisocial traits.
- Employment history: A history of menial, unrewarding, or excessively demanding work correlates with chronic disability. Vocational difficulty may be indicated by frequent job change, being fired, and aimlessness.

Mental Status Examination

As in a standard mental status examination, report general appearance, attitude, motor behavior, speech pattern, affective state, thought processes, perception, intellectual function, orientation, memory, and judgment. In addition, describe pain behavior and genuineness.

Describe any personality traits which may influence chronic disability, such as:

- Lack of empathy or self-absorption, as in attitudes of entitlement or antisocial indifference
- Alexithymia and globally deficient insight with rigid, irritable avoidance of emotion
- Evasiveness and discomfort with specific questions. Emphasis on an "industrial" explanation for symptoms with minimization of other stressors
- Repeatedly seeing oneself as a victim
- Chronic anger, projection of blame, or passive-aggressive patterns of response
- Dependent traits, such as submissiveness, undue anticipation of others' needs, impaired assertiveness, and excessive longing to feel loved
- Histrionic traits, psychological naivete, and Pollyanna attitudes

DSM-IV Diagnoses

Specify Axis I, II, IV, and V, with findings that lead to each diagnosis.

Conclusions

In addition to responding to referral questions, it is useful to include:

- Risk factors for chronic disability and barriers to recovery. Identify which barriers may be treatable and which will probably not be responsive.
- An assessment of psychological factors in this person's presentation of illness. Explain as clearly as possible how, if at all, the emotional condition may contribute to disability.
- Treatment recommendations. Treatment for psychiatric illness due to the injury might be indicated. If treatment is recommended, you may wish to make specific recommendations for the attending orthopedist or neurologist to consider. If treatment is recommended, try to estimate prognosis and a time-frame.
- Alternatively, the history might reveal psychological features that are primarily responsible for the disability. In that case, it may be necessary to assist in setting limits on medical services and disability status.

- Ability to Work. Some patients will have a psychiatric disorder that limits or prevents employment. Others will have a psychiatric condition that interferes with comfort or willingness, but ability to work is not affected. It is important to differentiate impaired motivation from impaired ability to work, and to communicate the difference in the report.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

The recommendations were developed by combining pertinent evidence from the medical literature with the opinions of clinical expert consultants and community-based practicing physicians. Because of a paucity of specific evidence related to the injured worker population, the guideline is more heavily based on expert opinion.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Identification of psychiatric illness due to work-related injury
- Identification of psychological factors contributing to chronic disability
- Identification of psychiatric disorders that affect ability to work

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The Office of the Medical Director works closely with the provider community to develop medical treatment guidelines on a wide range of topics relevant to injured workers. Guidelines cover areas such as lumbar fusion, indications for lumbar magnetic resonance imaging (MRI), and the prescribing of controlled substances. Although doctors are expected to be familiar with the guidelines and follow the recommendations, the department also understands that guidelines are not hard-and-fast rules. Good medical judgment is important in deciding how to use and interpret this information.
- The guideline is meant to be a gold standard for the majority of requests, but for the minority of workers who appear to fall outside of the guideline and

whose complexity of clinical findings exceeds the specificity of the guideline, a further review by a specialty-matched physician is conducted.

- The guideline-setting process will be iterative; that is, although initial guidelines may be quite liberally constructed, subsequent tightening of the guideline would occur as other national guidelines are set, or other scientific evidence (e.g., from outcomes research) becomes available. This iterative process stands in contrast to the method in some states of placing guidelines in regulation. Although such regulation could aid in the dissemination and quality oversight of guidelines, flexibility in creating updated guidelines might be limited.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The intention of the joint Department of Labor and Industries and WSMA Medical Guidelines Subcommittee was to develop treatment guidelines that would be implemented in a nonadversarial way. The subcommittee tried to distinguish between clear-cut indications for procedures and indications that were questionable. The expectation was that when surgery was requested for a patient with clear-cut indications, the request would be approved by nurse reviewers. However, if such clear-cut indications were not present, the request would not be automatically denied. Instead, it would be referred to a physician consultant who would review the patient's file, discuss the case with the requesting surgeon, and make recommendations to the claims manager.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Guidelines for psychiatric and psychological evaluation of injured or chronically disabled workers. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 10 p.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1995 Nov (revised 1999 Jun; republished 2002 Aug)

GUIDELINE DEVELOPER(S)

Washington State Department of Labor and Industries - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

Washington State Department of Labor and Industries

GUIDELINE COMMITTEE

Washington State Department of Labor and Industries (L&I), Washington State Medical Association (WSMA) Industrial Insurance Advisory Section of the Interspecialty Council

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Medical Director, Washington State Department of Labor and Industries (L&I): Gary Franklin, MD

The individual names of the Washington State Medical Association (WSMA) Industrial Insurance Advisory Committee are not provided in the original guideline document.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary.

GUIDELINE AVAILABILITY

Electronic copies of the updated guideline: Not available at this time.

Print copies: L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

AVAILABILITY OF COMPANION DOCUMENTS

This guideline is one of 16 guidelines published in the following monograph:

- Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 2002 Aug. 109 p.

Also included in this monograph:

- Grannemann TW (editor). Review, regulate, or reform? What works to control workers' compensation medical costs? In: Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 1994 (republished 2002). p. 3-19.

Electronic copies: Available from the Washington State Department of Labor and Industries Web site.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on February 14, 2000. It was sent to the guideline developer for review on February 15, 2000; however, to date, no comments have been received. The guideline developer has given NGC permission to publish the NGC summary. This summary was updated by ECRI on May 27, 2004. The information was verified by the guideline developer on June 14, 2004.

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